BEST AVAILABLE COPY

PATENT APPLICATION FE	E DETERMINATION	RECORD
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Effective December 29, 1999

Application or Docket N	į
Oralon	

CLAIMS AS FILED - PART I					SMALL ENTITY OTHER THAI						
				TYP		OR	SMALL	ENTITY			
FC	PR	NUMBE	RFILED	NUMBER 8	EXTRA	RATE	FEE		RATE FEE		
ВА	SIC FEE	e e e e e e e e e e e e e e e e e e e			n en gra Kazartot		345.00	OR	14 July 1997	690.00	
то	TAL CLAIMS	93	minus 2	0= 12		X\$ 9	=	OR	X\$18=	134	
IND	EPENDENT CL	AIMS	) minus	3 = 2		X39=		OR	X78=	156	
MULTIPLE DEPENDENT CLAIM PRESENT				+130	=	OR	+260=				
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTA	L	OR	TOTAL	0901				
	C	LAIMS AS A	MENDED	- PART II					OTHER	ER THAN	
		(Column 1)		(Column 2)	(Column 3)	SMAL	L ENTITY	OR			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**	=	X\$ 9:	=	OR	X\$18=		
AME	Independent	*	Minus	***	=	X39=		OR	X78=		
	FIRST PRESE	NIATION OF MI	JLI IPLE DEF	PENDENT CLAIM		+130	=	OR	+260=		
TOTAL											
				(2)	(0.1	ADDIT. F	EE	1011	ADDIT. FEE		
	i Britania (17 mm)	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)		LADDI			400	
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>AMENDMENT</b>	Total	•	Minus	**	=	X\$ 9:	=	OR	X\$18=		
AME	Independent	*	Minus	PENDENT CLAIM	=	X39=		OR	X78 <u>=</u>		
	FINO I PRESE	MIATION OF W	OCTIFEE DEF	ENDENT CEANV		+130	=	OR	+260=		
						TOT ADDIT. F		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Column 2)	(Column 3)	ADDII. P			ADDIT. PEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus	**	=	X\$ 9:	<b>=</b> ·	OR	X\$18=		
ME	Independent	•	Minus	***	=	X39=		OR	X78=		
_	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM			-	OR			
	If the entry in colu	mn 1 je lace than t	he entry in colu	ımn 2, write "0" in co	duma 3	+130		OR	+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	01611817
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## **Total Fee Calculation**

	I otal ree Calculation				· · · · · · ·			
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee		<u>tal</u>
	Sm./Lg.				Sm. Entity	Lg. Entity	1 100	,
Basic Filing Fee	201/101	92			345	640	- 9	<u>0</u>
Total Claims >20	203/103	<u>⊃</u> -20 =	<u>B</u>	x	7	18	- 1	4
Independent Claims >3	202/102	3=	<u>_V</u>	x	34	18	- 15	Ø
Mult. Dep Claim Present	204/104				130	260	-	
Surcharge	205/105				<u>65</u>	130	- 13	)
English Translation	139	~ ~-	. •=				<u> </u>	<u> </u>
TOTAL FEE CALCULA	ATION						121	<u>0</u> ,
Fees due upon filing t	he application:							
Total Filing Fees Due	= \$	140	)	<del></del>	-		<u> </u>	
Less Filing Fees Subm	iitted -\$	Q		_				
BALANCE DUE	= \$	1210	) 	_				
Pohis.								
Office of Initial Patent	Examination						•	